

I am the parent of \_\_\_\_\_ and give my consent to my child's participation in the City of Florida City, Summer Sports Camp.  
Held at: Florida City Youth Activity Center.

I do not know of any health problems or conditions that would limit or restrict my child's participation in the camp activities.

If my child is injured, I authorize City of Florida, City and its employees and agents to perform first-aid services and to secure the services of health care Professionals to treat my child. I will be responsible for the costs of that care.

I understand that participation in the activities at this camp creates a risk of injury to my child and I accept that risk.

Both my child and I release City of Florida, City and its employees and agents from any liability for any injury my child may suffer at camp for any reason.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature